

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4772</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Allen</u> <u>I</u> <u>Franks</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1301 South Columbus Blvd.</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19147</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' International Assoc. L-19</u> Labor Organization File Number <u>013-066</u> P.O. Box, Building and Room Number, if any _____ Street <u>1301 South Columbus Blvd.</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19147</u>
5. Position in labor organization. <u>Executive Board Member</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Allen I Franks</u>	On <u>8/2/2005</u> Date	<u>(215) 952-1999</u> Telephone Number

Name of Person Filing Allen Franks	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Sheet Metal Workers' Joint Apprentice-Traini Trade Name, if any: JATF L-19 Central PA P.O. Box, Bldg., Room No., if any: Street 1301 S. Columbus Boulevard City Philadelphia State Pennsylvania ZIP Code + 4 19147	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	11.a. Nature of such dealing. Salary for year 2004 11.b. Approximate dollar value of such dealing. \$93,876 12.a. Nature of interest held or income received. N/A 12.b. Amount. \$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	14.a. Nature of payment. N/A 14.b. Amount of payment. \$0
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Allen Franks

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers' Joint Apprentice-Training

Trade Name, if any: JATF L-19 Central PA

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Boulevard

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

2004 Benefits package

11.b. Approximate dollar value of such dealing.

\$34,566

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

\$0

Name of Person Filing Allen Franks

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers' Joint Apprentice-Train

Trade Name, if any: JATF L-19 Central PA

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Boulevard

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Eastern Regional Apprentice Contest 2004
Lodging and expense reimbursement

11.b. Approximate dollar value of such dealing.

\$693

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers' Joint Apprentice-Train

Trade Name, if any: JATF L-19 Central PA

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Boulevard

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Eastern Regional Conference
on Apprentice & Training 2004
Lodging and expense reimbursement

11.b. Approximate dollar value of such dealing.

\$880

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

\$0

Name of Person Filing Allen Franks	File Number U-
---	-----------------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Sheet Metal Workers' Joint Apprentice-Train Trade Name, if any: JATF L-19 Central PA P.O. Box, Bldg., Room No., if any: Street 1301 South Columbus Boulevard City Philadelphia State Pennsylvania ZIP Code + 4 19147	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4 	11.a. Nature of such dealing. Sheet Metal Industry Week 2004 conference Travel, expense reimbursement and lodging 11.b. Approximate dollar value of such dealing. \$1,692 12.a. Nature of interest held or income received. N/A 12.b. Amount. \$0

Name of Person Filing Allen Franks	File Number U-
------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers' Joint Apprentice-Train</p> <p>Trade Name, if any: JATF L-19 Central PA</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 South Columbus Boulevard</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19147</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>OSHA 502 Instructor Training Class 2004 Expense reimbursement</p> <p>11.b. Approximate dollar value of such dealing. \$250</p> <p>12.a. Nature of interest held or income received.</p> <p>N/A</p> <p>12.b. Amount. \$0</p>

Name of Person Filing Allen Franks

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute

Trade Name, if any: ITI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St. Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Instructor Safety training class 2004
Travel, Lodging and per diem

11.b. Approximate dollar value of such dealing.

\$815

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

\$0